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broad for creeds; a work that calls for self, not sect; a work that calls for a woman who is both trained and tender. It is a work that gives back in full measure all and more than is put into it.

TOLERATION OF NOISES

BY C. MAY HOLLISTER, R.N.

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It has been said by a prominent New York real-estate dealer, and we too have probably all observed the fact, that street noises have increased tremendously within the last few years. Probably some of these disagreeable noises might be ruled out by law, while others might be corrected by modification; but such possibilities we do not plan to discuss here.

There are some noises, however, within our own professional field of action, which we can control and which we, as nurses, should control. The rubber heel is too old an effort in that direction to warrant mentioning here, but there are numerous other points which we might think of, such as the lifting of a chair, rather than shoving it, or putting an agate basin down softly, when putting it out of our hands, or when nesting it with others. In a patient's home, we often find a squeaking door or noisy carpet-sweeper. A few drops of oil from the machine oil-can will usually remove these annoyances, much to the relief of the one in bed; and noises, we find, are usually exaggerated for such a one.

With some of us, our voices might be classed among the noises to be controlled. A high-pitched, unnecessarily-loud voice is poor stock in trade for a nurse; we need to watch ourselves on this point. A school teacher of our childhood days, was in the habit of saying, "A loud voice denotes a vacant mind." We will make no attempt to either confirm or deny the truth of this statement.

With these few suggestions, we will leave the subject of controllable noises, believing there are many others which we could all call to mind or which will come to our observation in the future, from time to time, as we think about the matter, remembering always that the lessening or removing of a noise, is so much of relief to our patients.

Let us now give a little thought to the noises which annoy us, independently of our patients, but over which we may have no control. For instance, a night nurse going to bed in the day time finds many noises surrounding her. It seems a pity that a nurse must try to sleep in the midst of any disturbance, but some noises, such as street traffic or household activities, are unavoidable. With these unavoidable noises, the

more passive attitude we take, the better for us and our sleep, and if we can even tell ourselves that we like the noise, strange as it may sound, the noise may prove a source of help. If it is produced by a steady, unchanging regularity of action, the regularity produces a kind of rhythm, the rhythm becomes a pleasant monotony, and we are lulled off to sleep, if we will but take an absolutely passive attitude toward it. Let us become so enveloped by the noise with its monotonous rhythm that we have ears for nothing else; mentally, we become part of that rhythmic action and reap the benefit of sleep, thereby converting into a source of help, that which at first sounded like a growling hateful enemy.

We once heard a nurse tell of her happy experience with coal. She was on night duty, and the winter supply of coal was being put in, not far from her bedroom window. Her first thought was one of indignation, that such a thing should be allowed when nurses were about to go to bed—to sleep, if possible, but she soon discovered that there was a dreamy rhythm, which was missed when the man stopped putting in the coal, which they did at a comparatively early hour each day. She said she soon found herself hurrying mornings to undress and get into bed quickly *before the noise ceased*, that she might be put to sleep by the rhythm of the running coal. This may sound far-fetched, but it was told as a true experience.

A lawn-mower may prove a source of annoyance, or a blessing, according to the manner in which it is being operated and the way in which we accept the noise. Let the lawn-mower be operated by a willing, steady hand of a quietly-disposed man, who shoves it along with a uniform regularity, and we find that the machine's noise, if passively accepted, becomes a blessing in disguise, carrying its dreamy suggestions as we slip off to sleep.

The paddle-wheel of a steamboat may be regarded in the same way. It is a noise, steady and uniform in character. Let us accept it passively and if our stateroom happens to be over the wheel, let us say that we like the sound, let us relax and go to sleep to the swish-swash of the wheel.

A district nurse once told me of her experience the first night that she went to live in a noisy, congested section of New York. It was summer time, the windows were all open, and the streets were filled with children whose evening fun consisted in kicking and rolling large, empty cans around on the pavements, until after ten o'clock. The nurse's room was at the front of the house and her first thought when going to bed was, "Dear me, I shall never sleep with all this noise about me." Then she recalled some of Miss Call's logic, and said to herself, "Come on noise, I like you." Of course she did not like it, but she had taken a

passive attitude toward an annoying matter, over which she had no control, and that is what we all have to learn to do with matters that are really beyond our control. We may, eventually, be able to correct the difficulty, but in the meantime, for our own sake, let us be passive.

THE SIGNIFICANCE AND MANAGEMENT OF CONVULSIONS

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Introduction. Of all the symptoms in nervous and mental diseases, none is so important as convulsions from the point of view of the observation of a nurse. It is rather striking that the physician is seldom fortunate enough to witness the entire process of a convulsive attack and he must, therefore, depend wholly upon the intelligent coöperation of the nurse. It cannot be too strongly emphasized that convulsions play important rôles in the diagnosis of a nervous or mental infirmity. Hence it is of supreme importance for the nurse to appreciate the significance of convulsions and learn properly how to observe and record them. It is, however, well to bear in mind that patients afflicted with convulsions are not always epileptic, for convulsions may become manifest in a variety of diseases and conditions. It is the purpose of this paper to give a comprehensive account of convulsions.

General considerations. Synonyms.—Convulsions are often called fits, spasms, seizures, and convulsive seizures.

Definition. Convulsion is derived from a Latin word—*convello*, *con* (*cum*) with, and *vello* pull, meaning a pulling together or contraction. *A convulsion may be defined as an involuntary muscular contraction.* It has two stages, tonic and clonic, the former meaning rigidity with formation of fixed positions and the latter implying rhythmic convulsive contraction. In some cases the convulsion may be tonic. The tonic stage lasts a few seconds; and the clonic several minutes; however, the time duration may be longer in each instance.

Convulsions may be general or partial, the former being extended all over the body and the latter limited to a certain part of the body, such as the face, arm or leg. In such cases the convulsion is designated, as Jacksonian, named after the renowned English neurologist, Hughlings Jackson, who was the first one to make this valuable observation.

Convulsions may be preceded by a definite prodromal period which may be of short or long duration, this period is known as *aura* which is very